P1500019788

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only

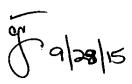
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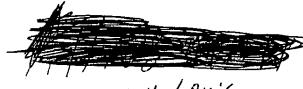


COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: AIM | TO PLEASE LANDSCAPING AND I | BOBCAT, INC | | | |
|-------------------------|--|--|---|--|--|
| | (PROPOSED CORPORA | TE NAME - MUST INCLU | DE SUFFIX) | | |
| Enclosed are an or | iginal and one (1) copy of the art | ticles of incorporation and | a check for: | | |
| □ \$70.00 Filing Fee | □ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | ■ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED | | |
| FROM: _ | OUIS CHANDLER | e (Printed or typed) | | | |
| 5 | 738 SW 18TH STREET | | | | |
| | | Address | A ST. A. B. A. B. C. S. | | |
| V | /EST PARK, FL 33023 | | | | |
| | City, | , State & Zip | | | |
| 7: | 36-277-0843 | | | | |
| | Daytime Telephone number | | | | |
| C | CLOUIS411@GMAIL.COM | | | | |
| | E-mail address: (to be use | d for future annual report n | SECTION OF | | |





FLORIDA DEPARTMENT OF STATE Division of Corporations Cell Louis 786-277-0843

September 8, 2015

LOUIS CHANDLER 5738 SW 18TH STREET WEST PARK, FL 33023

SUBJECT: AIM TO PLEASE LÂNDSCAPING AND BOBCAT, INC

Ref. Number: W15000059190

We have received your document for AIM TO PLEASE LANDSCAPING AND BOBCAT, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 015A00018906

P 29 AM 8: 51 15 SEP 29 AM 9: 27

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

| name of the corpor | E AIM TO PLEASE LAN ration shall be: | ibsolii iiid iiib bobol | | 15 SEP 29 AM |
|---|---|--|---------------|-------------------------|
| TICLE II PRIN | CIPAL OFFICE Principal <u>street</u> address | Ma | iling address | if different is: EL, FL |
| 38 SW 18TH STRE | EET | | | |
| EST PARK, FL 330 |)23 | | | |
| TICLE III PURI | POSE the corporation is organized is | DSCAPING AND PROPER | RTY MAINT | ANCE, FOR PROFIT |
| | | | | |
| | | | | |
| | | | | |
| TICLE IV_SHAI | RES 100 (ONE HUNDRED) | | | |
| TICLE V INITI | RES 100 (ONE HUNDRED) 1 stock is: 1 AL OFFICERS AND/OR DIRECTO 1 LOUIS CHANDLER | <u>RS</u> | | |
| TICLE V INITI | AL OFFICERS AND/OR DIRECTOR le: 5738 SW 18TH STREET | RS Name and Title: | | |
| TICLE V INITI | AL OFFICERS AND/OR DIRECTOR le: 5738 SW 18TH STREET | <u>RS</u> | | |
| TICLE V INITI | AL OFFICERS AND/OR DIRECTOR le: LOUIS CHANDLER 5738 SW 18TH STRFET | RS Name and Title: | | |
| Name and Tit Address | AL OFFICERS AND/OR DIRECTOR le: LOUIS CHANDLER 5738 SW 18TH STRFET | RS Name and Title: Address: | | |
| Name and Tit Address | AL OFFICERS AND/OR DIRECTOR LOUIS CHANDLER 5738 SW 18TH STRFET WEST PARK, FL 33023 | ## Name and Title: Address: Name and Title: | | |
| Name and Tit Address Name and Titl | AL OFFICERS AND/OR DIRECTOR LOUIS CHANDLER 5738 SW 18TH STRFIEF WEST PARK, FL 33023 | Name and Title: | | |
| Name and Tit Address Name and Titl Address | AL OFFICERS AND/OR DIRECTOR le: 5738 SW 18TH STRFIET WEST PARK, FL 33023 e: | Name and Title: Address: Name and Title: Address: Address: | | |

| Name and Title: | | Name and Title: | | |
|-----------------------------------|---|--|--|--|
| Address | | Address: | | |
| | | | | |
| | | | | |
| | | | | |
| ARTICLE VI | REGISTERED AGENT | | | |
| | Florida street address (P.O. Box NOT acceptal | ble) of the registered agent is: | | |
| Name: | LOUIS CHANDLER | <u> </u> | | |
| Address: | 5738 SW 18TH STREET | | | |
| | WEST PARK, FL 33023 | | | |
| ABTICLE VII | INCORDOR (TOD | | | |
| ARTICLEVII | INCORPORATOR | 27 | | |
| The name and a | address of the Incorporator is: | | | |
| Name: | LOUIS CHANDLER | | | |
| Address: | 5738 SW 18TH STREET | | | |
| | WEST PARK, FL 33023 | | | |
| | | | | |
| ARTICLE VIII | EFFECTIVE DATE: | (OPTIONAL) | | |
| (If an effective days after the f | | cannot be more than five business days prior or 90 business | | |
| | | cable statutory filing requirements, this date will not be listed as | | |
| | effective date on the Department of State's rec | | | |
| | | rocess for the above stated corporation at the place designated i | | |
| this certificate, I | am familiar with and accept the appointment | as registered agent and agree to act in this capacity | | |
| | | 19/21/15 | | |
| | Required Signature/Registered Agen | t Date | | |
| | cument and affirm that the facts stated herei Department of State constitutes a third degree | n are true. I am aware that the false information submitted in felony as provided for in s.817.155, F.S. | | |
| / | | /n / | | |
| _ Jenny | | V 8/22/15 | | |
| Requ | iired Signature/Incorporator | Date | | |